



Announce Your Bundle Of Joy!

Please **PRINT CLEARLY OR TYPE.** First and last names are required for all information.

Baby's Name: _____

Parent's Name(s): _____

Address _____

Phone Number _____

Hospital Name & City _____

Date Of Birth _____ Length _____

Boy or Girl: _____ Weight _____

Siblings (Names & Ages)

Brothers: _____

Sisters: _____

Grandparents:

Name: _____ City & State: _____

Name: _____ City & State: _____

Great-Grandparents:

Name: _____ City & State: _____

Name: _____ City & State: _____

Name: _____ City & State: _____

Name: _____ City & State: _____

Great-Great-Grandparents:

Name: _____ City & State: _____

Name: _____ City & State: _____

I give my permission for the above birth announcement to be published in:

The Tribune Phonograph

The Record Review

MOTHER'S SIGNATURE _____

FATHER'S SIGNATURE _____

Forms can be dropped off at:

TP Printing Co.

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